

## Montana Department of Transportation Administration Division

PO Box 5895 Helena, MT 59604-5895 Phone: (406) 444-7271 Fax: (406) 444-6032 TTY: (406) 444-7696 www.mdt.state.mt.us

Do Not Write in this Block							
Processor:	Date:						
Enterer:	Date:						
Pre-Approver:	Date:						
Approver:	Date:						
Postmarked Date:							

## Refrigerator Fuel Refund

		Jigin					<u>-</u>	
Name:						Oc	cupation:	
Address 1:						FE	IN #:	
Address 2:						IF	ΓA License #:	
City:				State:	Zip Code:	Pho	one Number:	
	T		Diesel = 0. .nstri		Gasoline = $0.2$		Gasahol = 0.27	
Date of Purchase	Fuel Type D, G, GH	Dealer Invoice Number	Name of dealer from whom purchase was made. Name City, State					Gallons
Tot	al Gall	ons						
Total Refund Amount (Total gallons multiplied by tax rate)								
I declare, un and belief is	nder penalties true and co	mplete. Report must	be signed in	uding any	y schedules) has been e to be considered prope	examin	ed by me and to the best o	f my knowledge
Signature Title Date								

## **Instructions**

- 1. Request on "Montana" purchases only.
- 2. All invoices must be marked by dealer as reefer fuel.
- 3. Original invoice must be submitted with this form.
- 4. IFTA license # refers to users from other IFTA states.
- 5. Montana license refers to users from MONTANA only
- 6. Refund may be filed at any time during the year and as often as you like, provided the invoices are within thirtysix(36) months of date of purchase, based on the postmarked date the refund is submitted.